

Novel Influenza A Virus Infection Contact Tracing Form

For Investigation of Contacts Potentially Exposed to Persons with Suspected or Confirmed Novel Influenza A Virus Infection

ID Number of confirmed case: _____

ID #	Contact's Name, Sex, and Date of Birth	Telephone and Email	Relationship to Case	Case Status ¹	Resp. Illness	Contact Level ² and Dates of Contact	Disposition
1	First Name: _____ Last Name: _____ Sex: M F U DOB(dd/mm/yyyy): ____/____/____	Home Phone: _____ - - Cell Phone: _____ - - Email: _____	Family Friend Co-Worker Classmate Health Care Worker Other: _____	Confirmed Suspect Probable Not a Case	Resp. illness +/- 7 days from case contact: Y N U If yes, onset: ____/____/____	Direct: ____/____/____ to ____/____/____ Indirect: ____/____/____ to ____/____/____ Other: ____/____/____ to ____/____/____	Recovered: Y N U Hospitalized: Y N U Date: ____/____/____ Died: Y N U Date: ____/____/____
	Describe the nature of contact with case patient:						
2	First Name: _____ Last Name: _____ Sex: M F U DOB(dd/mm/yyyy): ____/____/____	Home Phone: _____ - - Cell Phone: _____ - - Email: _____	Family Friend Co-Worker Classmate Health Care Worker Other: _____	Confirmed Suspect Probable Not a Case	Resp. illness +/- 7 days from case contact: Y N U If yes, onset: ____/____/____	Direct: ____/____/____ to ____/____/____ Indirect: ____/____/____ to ____/____/____ Other: ____/____/____ to ____/____/____	Recovered: Y N U Hospitalized: Y N U Date: ____/____/____ Died: Y N U Date: ____/____/____
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Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0004).

3	First Name: _____	Home Phone: _____-_____-_____	Family	Confirmed	Resp. illness +/- 7 days from case contact: Y N U	Direct: ____/____/____ to ____/____/____	Recovered: Y N U
	Last Name: _____	Cell Phone: _____-_____-_____	Friend				
	Sex: M F U	Email: _____	Co-Worker	Probable	If yes, onset: ____/____/____	Other: ____/____/____ to ____/____/____	Date: ____/____/____
	DOB(dd/mm/yyyy): ____/____/____		Classmate	Not a Case			Died: Y N U
			Health Care Worker				Date: ____/____/____
			Other: _____				
Describe the nature of contact with case patient:							

1. **Case Status:** Follow case definitions at [URL](#).

2. **Level of Contact:** Direct contact involves touching or providing care for a person. Indirect contact involves speaking to or touching items belonging to patient.

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4	First Name: _____	Home Phone: _____-_____-_____	Family	Confirmed	Resp. illness +/- 7 days from case contact: Y N U	Direct: ____/____/____ to ____/____/____	Recovered: Y N U
	Last Name: _____	Cell Phone: _____-_____-_____	Friend				
	Sex: M F U	Email: _____	Co-Worker	Probable	If yes, onset: ____/____/____	Other: ____/____/____ to ____/____/____	Date: ____/____/____
	DOB(dd/mm/yyyy): ____/____/____		Classmate	Not a Case			Died: Y N U
			Health Care Worker				Date: ____/____/____
			Other: _____				
Describe the nature of contact with case patient:							

ID #	Contact's Name, Sex, and Date of Birth	Telephone and Email	Relationship to Case	Case Status ¹	Resp. Illness	Contact Level ² and Dates of Contact	Disposition
5	First Name: _____	Home Phone: _____-_____-_____	Family	Confirmed	Resp. illness +/- 7 days from case contact: Y N U	Direct: ____/____/____ to ____/____/____	Recovered: Y N U
	Last Name: _____	Cell Phone: _____-_____-_____	Friend				
	Sex: M F U	Email: _____	Co-Worker	Probable	If yes, onset: ____/____/____	Other: ____/____/____ to ____/____/____	Date: ____/____/____
	DOB(dd/mm/yyyy): ____/____/____		Classmate	Not a Case			Died: Y N U
			Health Care Worker				Date: ____/____/____
			Other: _____				
Describe the nature of contact with case patient:							

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6	First Name: _____	Home Phone: _____-_____-_____	Family	Confirmed	Resp. illness +/- 7 days from case contact: Y N U	Direct: ____/____/____ to ____/____/____	Recovered: Y N U
	Last Name: _____	Cell Phone: _____-_____-_____	Friend				
	Sex: M F U		Co-Worker	Probable	Y N U	Other: ____/____/____ to ____/____/____	Date: ____/____/____
	DOB(dd/mm/yyyy): ____/____/____	Email: _____	Health Care Worker	Not a Case	If yes, onset: ____/____/____		Died: Y N U
	Describe the nature of contact with case patient:						

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